MLA Revision (10/01/2008)

Based On PTO/SB/17 (10-07)

ستنسر	Effective on	01/2008	Con		
10 E	s sursuant to the Consolidated Ap	propriations Act, 2005 (H.R. 4818).	Application Number	10/516,494	
5	EE TRAN	ISMITTAL	Filing Date	September 26, 2005	
HOA	FOR FY 2009		First Named Inventor	KANG, Jung-Won	
			Examiner Name	Roberts S. Walters	
PATTE	Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1792	
EMI	TOTAL AMOUNT OF PAYMENT	(\$) 1,920.00	Attorney Docket No.	29137.004.00	

METHOD OF PAYMENT (check all that apply)										
Check Credit	Card Money	y Order	None	Other (plea	ise identify):					
Deposit Account  Deposit Account Number: 50-0911  Deposit Account Name: McKenna Long & Aldridge LLP										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below  Charge fee(s) indicated below.										
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
FEE CALCULATION										
1. BASIC FILING, SEARCH, AND	D EXAMINATION FEE	S		••						
FIL	ING FEES	SEARC	H FEES	EXAMINAT	TION FEES					
Application Type Fee (\$	Small Entity  Shall Entity	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)				
Utility 330		540	270	220	110	rees raiu (#)				
Design 220		100	50	140	70					
Plant 220	115	330	165	170	85					
Reissue 330	165	540	270	650	325					
Provisional 220	110	0	0	0	0					
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  52 26										
Each claim over 20 (including Each independent claim over Multiple dependent claims		<b>;</b> )				52 26 220 110 390 195				
<u>Total Claims</u> <u>Extra Cl</u>	aims Fee (\$)	Fee	Paid (\$)		<u>Multiple l</u>	Dependent Claims				
20 or HP =	0 x \$52	=0			Fee (\$)	Fee Paid (\$)				
HP = highest number of total claim	ns paid for, if greater than	20.			0	0				
Indep. Claims Extra Cl	aims Fee (\$)	Fee	Paid (\$)							
- 3 or HP = 0 x \$220 = 0										
HP = highest number of independe										
3. APPLICATION SIZE FEE										
If the specification and drawings	s exceed 100 sheets o	f paper, the	application size	fee due is \$270	) (\$135 for sma	all entity) for each				
additional 50 sheets or fraction of Total Sheets Extra Sheet  - 100 = 0	thereof. See 35 U.S.C ets Number of ea	C. 41 (a)(1)(C ch additional	6) and 37 CFR 1 50 or fraction the	.16(s). ereof	Fee(	•				
4. OTHER FEE(S)			- p 10 a 1111010 11a11	,		Fees Paid (\$)				
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): Request for Continued Examination (RCE)										
Petition for Extension of Time										
SUBMITTED BY										
Signature Registration No. (Attorney/Agent) 33,829 (202) 496										
Name (Print/Type) Matthew T. Bailey Date November 16, 200										